

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10721532

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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11						
12						
13						
14						
15						
16						
17						
18	1					
19		1				
20		1				
21		3				
22		3				
23		1				
24		1				
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.		12				
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						